

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>04277475</i>	FILING DATE			
						APPLICANT(S)				
CLAIMS										
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
2	/			/			52			
3	/			/			53			
4	/			/			54			
5	/			/			55			
6	/			/			56			
7	/			/			57			
8	/			/			58			
9	/			/			59			
10	/			/			60			
11	/			/			61			
12	/			/			62			
13	/			/			63			
14	/			/			64			
15	/			/			65			
16	/			/			66			
17	/			/			67			
18	/			/			68			
19	/			/			69			
20	/			/			70			
21	/			/			71			
22	/			/			72			
23	/			/			73			
24	/			/			74			
25	/			/			75			
26	/			/			76			
27	/			/			77			
28	/			/			78			
29	/			/			79			
30	/			/			80			
31	/			/			81			
32	/			/			82			
33	/			/			83			
34	/			/			84			
35	/			/			85			
36	/			/			86			
37	/			/			87			
38	/			/			88			
39	/			/			89			
40	/			/			90			
41	/			/			91			
42	/			/			92			
43	/			/			93			
44	/			/			94			
45	/			/			95			
46	/			/			96			
47	/			/			97			
48	/			/			98			
49	/			/			99			
50	/			/			100			
TOTAL IND.	<i>5</i>			<i>1</i>			TOTAL IN'			
TOTAL DEP.	<i>114</i>			<i>33</i>			TOTAL DEP.			
TOTAL CLAIMS	<i>49</i>			<i>31</i>			TOTAL CLAIMS			